

Post-Operative Handout—General:

WHAT YOU WILL NEED

(all available from your pharmacy without a prescription):

1. Bacitracin or Polysporin ointment — one tube.
2. Dressing to fit the size of the wound
(gauze, telfa, bandaid, etc.) – enough for 14 days.
3. Hydrogen peroxide – one bottle.

WHAT TO DO:

- Keep current dressing dry and in place for 24 hours
- After 24 hours you should clean and dress the surgical site twice daily as follows:
 - a. Wash with a mixture of 1 part hydrogen peroxide to 1 part tap water. Gently try to remove any loose debris on the surface using a gauze pad or Q-tip.
 - b. Apply a thin coating of Bacitracin or Polysporin. We do not recommend Neosporin ointment as some people develop an allergy to the neomycin component of the Neosporin, but if you do not have an allergy, you may use it.
 - c. Cover with a bandaid or gauze dressing.
- You may shower, wash, swim, and exercise (unless instructed by the doctor*) after the first 24 hours, but on finishing, be sure to re-dress the surgical site as noted above. *If the site has been closed with stitches, do not stretch or strain the area. Therefore, exercise which will stretch the skin in the surgical area is not recommended for at least 2 weeks, lest the wound be pulled open.
- Remember to keep your follow-up appointment to have your stitches removed. Typically, stitches are removed as follows:

Face/ears ————— 5–7 days after surgery
Scalp ————— approx. 10 days after surgery
Neck ————— 7–10 days after surgery
Trunk/extremities — 10–14 days after surgery
Areas over joints ——— approx. 14 days after surgery

Signs and symptoms of infection are redness, swelling, pus-like drainage, fever/chills, or increased pain in the treatment site. If any of these occur, contact our office.

Post Operative Instructions—Cryosurgery/destruction

- Some pain and swelling after treatment is normal and can be controlled with cool tap water compresses. If necessary, extra-strength Tylenol, aspirin, or Advil may be taken as instructed on the bottle to relieve the discomfort. Normal bathing or showering is allowed after treatment.
 - Often a blister or welt will develop during the first 24–48 hours. The blister may contain clear, red, blue, or black fluid. If a large or painful blister develops, clean a needle with rubbing alcohol, puncture the blister, and wash away the fluid with water. The treated area will dry and crust. If the area treated was on the foot, moleskin or circular donut-shaped pads can be cut to fit around the treated area for the purpose of reducing pressure and friction.
 - If the treated area becomes an open sore, dress it twice daily with Polysporin or Bacitracin (over-the-counter antibiotic ointments) and a bandage. Continue until the wound is completely healed.
 - Possible complications of cryosurgery include infection, alteration in skin color and sensation, recurrence of the lesion, and scarring. Although rare, some scars can become thick, tender, and unsightly. If a thickened scar develops, call our office for an appointment. Signs of infection are redness, swelling, pus-like drainage, or increased pain in the treatment site. If any of these occur, call our office.
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- If you had a wart treated and you were instructed to initiate or continue home treatment, you may generally begin application 5 days after cryosurgery.
 1. Soak affected area in water for 5 minutes
 2. Remove dead skin with a pumice stone, file, etc. (available from your pharmacy). This is the most important part of your treatment. Do your very best to remove all of the dead skin. Applying the medication to dead skin is like putting two wires together without removing the insulation—they won't conduct electricity.
 3. Apply 2 coats of Duofilm or Occlusal (available from your pharmacy), allowing for drying between coats.
 4. Cover with gray duct tape (available from your hardware store)
 5. Repeat daily A final word: Warts occur because of infection with the human papilloma virus (HPV). To date, we do not have medications that destroy this virus. Therefore, treatments for warts, including cryosurgery (liquid nitrogen), blistering agents (cantharone and bleomycin), and others require regular and repeated treatment. This may be frustrating at times, but persistence usually pays off.